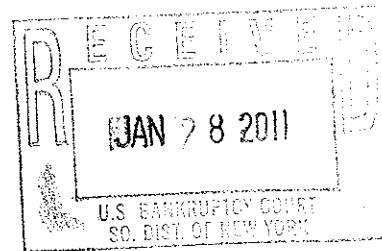


Freerk J. Schaafsma
14690 Mapleton Lane
Traverse City, MI 49686-7913

(231) 223-9446 and (231) 642-7957 (mobile)
fred_schaafsma@hotmail.com



Retired salaried executive employee of General Motors with unsecured claims for Executive Retirement Plan (ERP) payments, healthcare and life insurance benefits. See Claim Nos. 62183, 62184 (Page 15, Exhibit A, Debtor's 116th Omnibus Objection to Claims) and Claim No. 62182 (Page 16, Exhibit A, Debtor's 116th Omnibus Objection to Claims).

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

| | | |
|--|---|----------------------------|
| -----X | : | |
| In re | : | Chapter 11 Case No. |
| | : | |
| MOTORS LIQUIDATION COMPANY, et al., | : | 09-50026 |
| f/k/a General Motors Corp., et al. | : | |
| | : | |
| Debtors. | : | |
| -----X | : | |

Response to the **NOTICE OF DEBTORS' 116TH OMNIBUS OBJECTION TO CLAIMS**,
dated December 20, 2010.

I object to the attempt by Motors Liquidation Co. and General Motors to paying the stated and expected payments of the Executive Retirement Plan (ERP), coverage of the health insurance and life insurance in retirement that were earned through 37 years of service to General Motors Corporation (1965 through 2002). Their request to deny all these claims is unjust and inequitable.

Based on standard life expectancy charts, I will have a loss of \$637,548 in Executive Retirement Plan (ERP) payments, \$35,329 in healthcare insurance and \$1,220,738 in life insurance coverage. Only the healthcare insurance is obtainable through considerable personal expense. The loss due to reduction and/or cancellation of Executive Retirement Plan (ERP) payments and life insurance are not replaceable.

Therefore my personal loss under the Motors Liquidation Company Plan would amount to the sum of the losses stated in my filed claims, i.e. \$1,893,615 total.

I respectfully request the Court to order that a reasonable percentage of my claims (to be determined by the Court) be honored by Motors Liquidation Co. and General Motors.

Dated: Traverse City, MI
January 23, 2011


Freerk J. Schaafsma

APS0545534306

UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK

PROOF OF CLAIM

Name of Debtor (Check Only One)
☒ Motors Liquidation Company (f/k/a General Motors Corporation)
☐ MLCS, LLC (f/k/a Saturn, LLC)
☐ MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation)
☐ MLC of Harlem, Inc (f/k/a Chevrolet-Saturn of Harlem, Inc)

Case No
 09-50026 (REG)
 09-50027 (REG)
 09-50028 (REG)
 09-13558 (REG)

NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. This may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503.

Name of Creditor (the person or other entity to whom the debtor owes money or property) **SCHAAFSMA FREERK J**

Name and address where notices should be sent

SCHAAFSMA FREERK J
 14690 MAPLETON LN
 TRAVERSE CITY MI 49686-7913

☐ Check this box to indicate that this claim amends a previously filed claim

Court Claim Number
 (If known)

Filed on

Telephone number **(231) 223-9446**
 Email Address **FRED_SCHAAFSMA@HOTMAIL.COM**

Name and address where payment should be sent (if different from above)

FILED - 62184
MOTORS LIQUIDATION COMPANY
F/K/A GENERAL MOTORS CORP
SDNY # 09-50026 (REG)

☐ Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars

☐ Check this box if you are the debtor or trustee in this case.

Telephone number

1 Amount of Claim as of Date Case Filed, June 1, 2009 **\$ 637,548**

If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9) complete item 5.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.

2 Basis for Claim **VALUE OF REDUCTIONS IN EXECUTIVE RETIREMENT PLAN (ERP)**
 (See instruction #2 on reverse side.)

3 Last four digits of any number by which creditor identifies debtor

3a Debtor may have scheduled account as
 (See instruction #3a on reverse side.)

4 Secured Claim (See instruction #4 on reverse side)

Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information:

Nature of property or right of setoff ☐ Real Estate ☐ Motor Vehicle ☐ Equipment ☐ Other

Describe
 Value of Property \$ _____ Annual Interest Rate % _____

Amount of arrearage and other charges as of time case filed included in secured claim, if any \$ _____

Basis for perfection _____

Amount of Secured Claim \$ _____ Amount Unsecured \$ _____

6 Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim

7 Documents Attach redacted copies of any documents that support the claim such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of redacted on reverse side.)

DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING.

If the documents are not available, please explain in an attachment.

Your Claim is Scheduled As Follows.



If an amount is identified above, your claim is scheduled by one of the Debtors is shown (this scheduled amount of your claim may be an amendment to a previously scheduled amount). If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form EXCEPT AS FOLLOWS. If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.

5 Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount.

Specify the priority of the claim

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)

☐ Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4)

☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)

☐ Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7)

☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

☐ Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (§ 507(a)(2))

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)()
 Amount entitled to priority

*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

Date: **1/23/09**

Signature The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.

Frank J. Schaa

FOR COURT USE ONLY

01111261


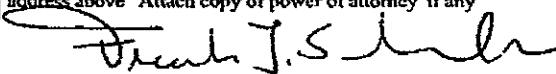
APS0545534306



| UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK | | PROOF OF CLAIM |
|---|---|--|
| Name of Debtor (Check Only One) <input checked="" type="checkbox"/> Motors Liquidation Company (f/k/a General Motors Corporation) <input type="checkbox"/> MLCS, LLC (f/k/a Saturn, LLC) <input type="checkbox"/> MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation) <input type="checkbox"/> MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.) | | Case No 09-50026 (REG) 09-50027 (REG) 09-50028 (REG) 09-13558 (REG) |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. This may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item # 5). All other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503. | | |
| Name of Creditor (the person or other entity to whom the debtor owes money or property) SCHAAFSMA FREERK J | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim Court Claim Number _____ (If known) Filed on _____ | |
| Name and address where notices should be sent SCHAAFSMA FREERK J 14690 MAPLETON LN TRAVERSE CITY MI 49686-7913 | If an amount is identified above you have a claim scheduled by one of the Debtors as shown (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor you do not need to file this proof of claim form. EXCEPT AS FOLLOWS. If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again. | |
| Telephone number (231) 223-4446 Email Address FRED_SCHAAFSMA@hotmail.com | | |
| Name and address where payment should be sent (if different from above) <div style="text-align: center;"> FILED - 62182 MOTORS LIQUIDATION COMPANY 1/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG) </div> | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case. | |
| Telephone number | 1 Amount of Claim as of Date Case Filed, June 1, 2009 \$ <u>35,329</u> If all or part of your claim is secured, complete item 4 below, however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9) complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. | |
| 2 Basis for Claim <u>VALUE OF HOUSING BENEFIT REDUCTION AND TERMINATION</u> (See instruction #2 on reverse side.) | 5. Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a) If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (& 507(a)(2)) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)() Amount entitled to priority \$ _____ *Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. | |
| 3 Last four digits of any number by which creditor identifies debtor _____ 3a Debtor may have scheduled account as _____ (See instruction #3a on reverse side.) | 4 Secured Claim (See instruction #4 on reverse side) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information: Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other Describe: _____ Value of Property \$ _____ Annual Interest Rate % _____ Amount of arrearage and other charges as of time case filed included in secured claim, if any \$ _____ Basis for perfection _____ Amount of Secured Claim \$ _____ Amount Unsecured \$ _____ | |
| 6 Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7 Documents Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of redacted on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain in an attachment. | | |
| Date 1/23/09 | Signature The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center;"> Fred J. Schaafer </div> | |
| | | FOR COURT USE ONLY |

APS0545534306



| UNITED STATES BANKRUPTCY COURT FOR THE SOUTHERN DISTRICT OF NEW YORK | | PROOF OF CLAIM |
|---|---|---|
| Name of Debtor (Check Only One) <input checked="" type="checkbox"/> Motors Liquidation Company (f/k/a General Motors Corporation) <input type="checkbox"/> MLCS, LLC (f/k/a Saturn, LLC) <input type="checkbox"/> MLCS Distribution Corporation (f/k/a Saturn Distribution Corporation) <input type="checkbox"/> MLC of Harlem, Inc. (f/k/a Chevrolet-Saturn of Harlem, Inc.) | | Case No. 09-50026 (REG) 09-50027 (REG) 09-50028 (REG) 09-13558 (REG) |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case but may be used for purposes of asserting a claim under 11 U.S.C. § 503(b)(9) (see Item 4). In other requests for payment of an administrative expense should be filed pursuant to 11 U.S.C. § 503. | | <div style="text-align: center;">  </div> <p>Your Claim is Scheduled As Follows.</p> <p>If an amount is identified above, you have a claim scheduled by one of the Debtors as shown. (This scheduled amount of your claim may be an amendment to a previously scheduled amount.) If you agree with the amount and priority of your claim as scheduled by the Debtor and you have no other claim against the Debtor, you do not need to file this proof of claim form. EXCEPT AS FOLLOWS: If the amount shown is listed as DISPUTED, UNLIQUIDATED, or CONTINGENT, a proof of claim MUST be filed in order to receive any distribution in respect of your claim. If you have already filed a proof of claim in accordance with the attached instructions, you need not file again.</p> |
| Name of Creditor (the person or other entity to whom the debtor owes money or property) SCHAAF SMA FREERK J | <input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim Court Claim Number _____ (If known) Filed on _____ | |
| Name and address where notices should be sent SCHAAF SMA FREERK J 14690 MAPLETON LN TRAVERSE CITY MI 49686-7913 | <input type="checkbox"/> Check this box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case. | |
| Telephone number (231) 223-9446 Email Address FRED_SCHAAF@HOTMAIL.COM | Name and address where payment should be sent (if different from above) <div style="text-align: center;"> FILED - 62183 MOTORS LIQUIDATION COMPANY F/K/A GENERAL MOTORS CORP SDNY # 09-50026 (REG) </div> | |
| 1 Amount of Claim as of Date Case Filed, June 1, 2009 <u>51,220.738</u> If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. If all or part of your claim is asserted pursuant to 11 U.S.C. § 503(b)(9), complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges. | | 5 Amount of Claim Entitled to Priority under 11 U.S.C. § 507(a) If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim: <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950*) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease, or rental of property or services for personal family or household use - 11 U.S.C. § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8) <input type="checkbox"/> Value of goods received by the Debtor within 20 days before the date of commencement of the case - 11 U.S.C. § 503(b)(9) (& 507(a)(2)) <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)() Amount entitled to priority: \$ _____ |
| 2 Basis for Claim <u>VALUE OF CANCELLED LIFE INSURANCE (BASIC AND SLBP)</u> (See instruction #2 on reverse side) | | <p>*Amounts are subject to adjustment on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</p> |
| 3 Last four digits of any number by which creditor identifies debtor _____ 3a Debtor may have scheduled account as _____ (See instruction #3a on reverse side) | | |
| 4 Secured Claim (See instruction #4 on reverse side) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Equipment <input type="checkbox"/> Other Describe _____ Value of Property \$ _____ Annual Interest Rate % _____ Amount of arrearage and other charges as of time case filed included in secured claim, if any \$ _____ Basis for perfection _____ Amount of Secured Claim \$ _____ Amount Unsecured \$ _____ | | |
| 6 Credits The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7 Documents Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements or running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See instruction 7 and definition of redacted on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain in an attachment. | | |
| Date <u>1/23/11</u> Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center;">  </div> | | |



GM Benefits & Services Center

gmbenefits.com

1-800-489-4646

International Access

Dial AT&T Direct® Service Access Code, then 877-833-9900

TDD Service for the Hearing Impaired

1-877-347-5225

FREERK J SCHAAFSMA
14690 MAPLETON LANE
TRAVERSE CITY MI, 49686-7913

8/10/09

Re: Reduction in Benefits
Executive Retirement Plan, "the ERP" (formerly called Supplemental Executive Retirement Program) Benefits

Dear FREERK J SCHAAFSMA:

As part of GM's announcements on June 1st, 2009 we acknowledged some of the significant sacrifices that our salaried employees and retirees will be making to support the reinvention of General Motors. In addition to announcing changes to the amount of non-qualified pension payments for currently retired executives while in Chapter 11, we also communicated that we would be reducing the obligations for certain retiree benefits by roughly two-thirds.

We have now finalized the changes that we need to make in the Executive Retirement Plan, in order to achieve the required two-thirds reduction, and wanted to share the information with you. These changes are described below and your new monthly benefit amount, as well as the monthly benefit payable to your surviving spouse (if applicable), are identified. As always, all benefits are at all times subject to the terms of each plan.

Currently, all executive retirees with an Executive Retirement Plan ("ERP", formerly SERP) benefit have been subject to a reduction of at least 10% since May 1, 2009. A small number of ERP recipients may also have been subject to a larger reduction as a result of the "cap" on monthly ERP payments under the Chapter 11 court supervised process that commenced on June 1, 2009.

As of August 1, 2009, ERP benefits for current retired executives will be changed as follows:

You are a retiree, beneficiary or alternate payee of a retiree with an annual combined SRP benefit plus ERP benefit over \$100,000. The portion of your ERP benefit below the \$100,000 threshold (when combined with SRP) will continue to be reduced by 10%, while your remaining ERP benefit (i.e. the portion above the \$100,000 threshold of combined retirement benefits) will be reduced by two-thirds.

To calculate the combined SRP plus ERP benefit used for comparison to the \$100,000 threshold, any ERP annual benefit currently received in the form of a 5-year annuity was converted to its equivalent annual lifetime annuity amount and was added to the SRP annual benefit. The sum of the annual benefits was the basis for comparison to \$100,000.

The information below reflects your ERP monthly payment amount prior to the any reductions (prior to May 1, 2009), your reduced monthly payment as of August 1, 2009 and the benefit to be paid to your surviving spouse (if applicable):

| | |
|--|------------|
| Full ERP Benefit Amount (prior to 5/1/09): | \$4,867.72 |
| Reduced Benefit Amount (Effective 8/1/09): | \$1,750.61 |
| Surviving Spouse Benefit (if eligible to receive): | \$1,137.90 |

Attachment A provides an example of how the reduced benefit was calculated.

If you have any questions, please call the GM Benefits & Services Center toll-free at 1-877-749-6725, Monday through Friday, between 7:30 a.m. and 6:00 p.m., Eastern Time zone, to speak with a Customer Service Associate. From outside the U.S., dial your country's toll-free AT&T Direct[®] access number then enter 877-833-9900. In the U.S., call 1-800-331-1140 to obtain AT&T Direct access numbers. From anywhere in the world, access numbers are available online at www.att.com/traveler or from your local operator.

If you have further concerns and need to speak to a member of the GM Employee Benefits group, you may reach them directly at the following email address: GMEmployeeBenefits@gm.com

Sincerely,

GM Benefits & Services Center

Calculation of ERP (formerly called Supplemental Retirement Program) Benefits

For: FREEERK J SCHAAFSMA

Your annual ERP amount is shown below in (a).

| | | Prior To Reduction | After Reduction |
|--|-----------|-----------------------|--------------------------------------|
| Annual SRP (Reduced for SSC) | | \$97,560 | \$97,560 |
| Annual Lifetime ERP (Prior to 10% Reduction) (a) | | \$58,413 | \$21,007 (h) |
| 2/3 Factor (b) | 0.3333333 | | |
| \$100,000 Threshold | | \$100,000 | |
| Less Annual SRP | | \$97,560 | |
| Room Below \$100k | | \$2,440 | |
| Annual Lifetime ERP Reduced 10% | (c) | \$52,571 | Equals: (a) x .90 |
| Less ERP Below \$100K | (d) | \$2,440 | |
| | (e) | \$50,131 | |
| Unreduced ERP over \$100k Subject to 2/3 Reduction | (f) | \$55,701 | Equals: (e) / .90 |
| Remaining ERP after 2/3 Reduction | (g) | \$18,567 | Equals: (f) x (b) |
| Annual Lifetime ERP After 10% and 2/3 Reductions (h) | | \$21,007 | Equals: The lesser of (d + g) or (c) |

NOTE:

SRP includes temporary benefit or early retirement supplement, as applicable.

From: "GM Executive Service Counseling" <GMExecutiveServiceCounseling@fmr.com>
To: fred_schaafsma@hotmail.com
CC:
Sent: Wed, 23 Sep 2009 14:51:42 -0400
Subject: FIDELITYSECURE:GM executive services-your recent inquiry

Hi Mr. Schaafsma,

As we discussed earlier, I have attached a copy of the recalculation of your ERP benefit.

Also the breakdown of the gross non-qualified ERP payment for September is as follows:

| | |
|---------------------------------------|----------|
| September Payment (for Sept) | 2,974.06 |
| September Payment (August Correction) | 1,223.45 |
| Total September Payment | 4,197.51 |

If you have any question or concerns let me know.

Tanya Zari

Executive Services

Tanya Zari.
877-749-6725

Fidelity Investments.
Danbury Hall.
5411 Page Road.
Durham, NC 27703.
United States.

Notice: All e-mail sent to or from Fidelity Investments is subject to retention, monitoring and/or review by Fidelity personnel.

Please note that Fidelity is unable to accept orders left over voicemail or email regarding any account. The information in this e-mail and in any attachments is intended solely for the attention and use of the named addressee(s) and may contain information that is considered privileged, proprietary, confidential, and/or exempt from disclosure under applicable law. If you are not the intended recipient of this email or if you have otherwise received this email in error, please immediately notify me by replying to this message or by telephone (you may call me collect). Any use, dissemination, distribution or copying of this e-mail is strictly prohibited without authorization from Fidelity Investments.

Clearing, custody or other brokerage services may be provided by Fidelity Brokerage Services LLC or National Financial Services LLC, members NYSE, SIPC.

Attachments: [Freerk Schaafsma ERP Recalculation.doc](#)



Annual Lifetime
ERP After 10%
and 2/3
Reductions (h)

| |
|--|
| |
|--|

\$35,689

Equals:
The lesser
of (d + g)
or (c)

NOTE:

SRP includes temporary benefit or early retirement supplement, as applicable.

fred schaafsma

From: Perillo, John (Ayco) [jperillo@ayco.com]
Sent: Wednesday, September 30, 2009 12:26 PM
To: fred_schaafsma@hotmail.com
Subject: FW: GM Claim Form
Attachments: GM - Proof_of_Claim_Form[1].pdf

Fred

GM claim form attached. You can submit a claim for lost SERP. See info below.

If you use 2.8% discount and age 85 the PV of the lost SERP is \$ 637,548. I cannot complete the form

John J. Perillo
Vice President- Financial Counseling
The Ayco Company, L.P.
A Goldman Sachs Company
3221 W. Big Beaver Rd. Ste. 302
Troy, MI 48084
Phone (248) 614-3222
PC direct fax (212) 493-9710
Office fax (248) 649-6700

The information contained in this correspondence cannot be used, and it is not intended by Ayco to be used, for the purpose of avoiding any penalty that the Internal Revenue Service might assess upon challenging any tax treatment discussed in this correspondence and attachments, if any.

This message may contain information that is confidential or privileged. If you are not the intended recipient, please advise the sender immediately and delete this message and any attachments. Follow this link for further information on confidentiality and the risks inherent in electronic communication: <http://www.gs.com/disclaimer/email>.

From: Zilka, Beth (Ayco)
Sent: Wednesday, September 30, 2009 10:54 AM
To: Ayco-MI-AMs; Ayco-MI-FAs
Cc: Kelly, Keith (Ayco)
Subject: GM Claim Form

The claim form for GM is available. People have until November 30th to file their claim. As with Delphi, retirees would be able to file a claim for their lost life insurance, pension, and any other benefit that was available to them in retirement that was lost. Ayco can not complete the form for the client. The sec. 7520 rate for June was 2.8%. I have attached the claim form and the address where the form can be mailed is below. I spoke to a client this a.m. who said they had received the form.

11/23/2009